Usually in the later stages, the bronchial wall being broken down and penetrated, the bronchial and mediastinal lymph nodes become involved and sometimes enormously enlarged. The mediastinum, both anterior and posterior, becomes filled with tumor masses, the pericardium is covered or penetrated, the large vessels, both aorta and cavae, and pulmonary arteries and veins, are surrounded and compressed, the superficial veins of the chest are dilated, the laryngeal recurrents are involved, trachea, bronchi and esophagus are compressed and obstructed, and we have all the signs of mediastinal tumor. Sarcoma starting at the hilus of either lung runs a somewhat different course in so far as the tendency of the growth is somewhat less towards involvement of the lung, but tends earlier and more rapidly towards the mediastinum. In a case that presents itself to us at this rather late stage of the process, the differential diagnosis as between primary tumor of the lung or some other intrathoracic growth, or aneurysm, is always extremely difficult and but too frequently impossible. A full discussion of the numerous little diagnostic points that have been suggested as helping in the differentiation is altogether beyond the scope of this brief review, although a few points may be mentioned. In the first place, it must be said that carcinoma of the lung affords slightly better chances of diagnostication than sarcoma. A careful consideration of the history may demonstrate the primary involvement of the lung, and the only secondary participation of the mediastinum. In most cases of primary mediastinal growth there are no clinical symptoms whatsoever until the tumor has attained a certain size, when at once the symptoms of intrathoracic pressure are developed. In pulmonary cancer we will very frequently have the sequence outlined above. The preformed and most convenient route for the further extension of mediastinal growth is along the track of the great vessels, and therefore towards the left; it will, therefore, always be more easy to distinguish a tumor of the right lung from mediastinal tumor than a tumor of the left lung. Edema of the right side of the face, shoulder, arm and chest, paralysis of the right laryngeal recurrent indicates pulmonary tumor. Cropping out of the growth above the jugular notch suggests mediastinal tumor. In pulmonary tumor, the pleuritic effusion, if there is any, is usually confined to one side; effusion into both pleural cavities speaks for mediastinal growth. Jacobson[8] points out the greater respiratory mobility of the lung in cases of mediastinal tumor as compared with the impaired respiratory motion in pulmonary growths. This symptom is particularly well seen by means of the Roentgen rays, though otherwise the X-ray affords but little diagnostic assistance in this type of cases.